AMENDMENTS TO SPECIFICATION

Please replace Paragraph [0005] with the following paragraph rewritten in amendment format. (Note, Applicant's intention is to replace the first paragraph after the heading "Detailed Description." This paragraph has been referred to by various numbers during prosecution: [0006] in the original specification; [0005] in the publication issued January 27, 2005; and [0004] in the Amendment stamped received by the Patent Office March 13, 2007.)

[0005] The invention is an Emergent Orotracheal Suction System that could be attached to wall suction and have these key components[[.]] (1st component). A reservoir (III), measuring 2000 cc 20 cmX10 cmX10 cm, which on one end is attached to wall suction with standard sump tubing (IV), and the other end is attached to our standardized extension tubing (II) which measures 15French (Fr) in diameter. On the top of the 20 cmX10 cm surface of the reservoir (III), there is a 2 cm diameter tapering "male" entry port which is centered at 5 cm and 5 cm from the edge. The exit is protected by a grid which measures 2 mmX2 mm over the opening which prevents obstruction of the vacuum by large particles. The reservoir (III) would also be halved on the inside by a 4 mmX4 mm plastic grid, which would keep large particles preferentially on the entry side of the reservoir (III). On the bottom of the entry side is a 5 cm diameter removable disc to empty particle contents on the entry side and evacuate fluid from the entire reservoir, and to clean it. The opposite hole is a 15Fr diameter "female" entry port which accepts the 15 Fr extension tubing via an adaptor which importantly keeps the entry to the reservoir (III) 15Fr and is centered at 5 cm and 5 cm from the center edge of

that side[[.]] (2nd component). The 15 Fr extension tubing (II) should measure 3 ft-5 ft to allow enough slack to reach a patient's head on the stretcher. The extension tubing (II) can then be attached via an adapter to our orotracheal suction catheters (I). Different adapters would accompany each suction catheter (I) size. One side of the adapter would always provide a seal to the 15 Fr extension tubing (II) and the other side to the different size orotracheal suction catheters (I). The catheters (I) could range in size in an adult system from 5Fr to 8Fr, in 0.5Fr increments. The pediatric catheters could range in size from 0.5Fr to 5Fr, in 0.5Fr increments. The catheters (I) work like this. They would be made of a high quality plastic polymer and have enough strength to withstand the pressure of the vacuum and flexibility to pass through. A catheter (I) sized 0.5 Fr below the size of the endotracheal (ET) tube could be passed down the ET tube into the trachea. A proximal balloon port which would hook up to a 10 cc syringe would be on each suction catheter and could inflate a distal balloon on the catheter (I). The balloon would be 5 mm from the end of the catheter (I). This would create a good seal in the trachea for suction like an ET tube creates for ventilation. If the food bolus is very proximal in the trachea our extension tubing (II) could be attached directly to an ET tube with our adapters to suction into the reservoir (III). The key problems our system would solve is large enough extension tubing (II) and suction catheters (I) to allow adequate suctioning of larger and smaller food particles which were aspirated in the trachea or vomited into the mouth. The other advantage of the catheters is there larger size and the distal seal they can create in the trachea. Standard sump tubing and other commercially available suction catheters frequently get clogged because their lumens are too narrow for large particles, or they are applying suction in the trachea with no

good air seal. These commercially available tracheal catheters do not provide a good distal seal in the trachea to allow for proper suctioning of large and small aspirated particles. This system does not require an unreasonable amount of parts. The suction catheter (I) and extension tubing (II) can even fit onto standard suction containers and the catheter pulled out frequently and used like a narrow commercially available suction catheter. This system will revolutionize the treatment of aspiration and acute airway obstruction in Emergency Departments (ED) and even Intensive Care Units(ICUs), across the country and internationally.